

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

09/806840

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/		51		/				
2		/		/		/	52						
3		/		/		/	53						
4		/		/		/	54						
5		3		/		/	55						
6		1		/		/	56						
7		1		/		/	57						
8		1		/		/	58						
9		1		/		/	59						
10		1		/		/	60						
11		1		/		/	61						
12		1		/		/	62						
13		1		/		/	63						
14		1		/		/	64						
15		1		/		/	65						
16		1		/		/	66						
17		1		/		/	67						
18		1		/		/	68						
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32		1		/		/	82						
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34		1		/		/	84						
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36		1		/		/	86						
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38		1		/		/	88						
39		1		/		/	89						
40		1		/		/	90						
41		1		/		/	91						
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44		1		/		/	94						
45		1		/		/	95						
46	/		/		/		96						
47	/		/		/		97						
48		1		1/4		/	98						
49				1/4		/	99						
50						/	100						
TOTAL IND.		↓	3	↓	3	↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.			138		116		TOTAL DEP.						
TOTAL CLAIMS			141		119		TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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49				47		
50						
TOTAL						

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TOTAL						

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